

## Informational Call

CDC-RFA-DP21-2101

*Improving Epilepsy Education, Systems of Care, and Health Outcomes through National and Community Partnerships*

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

February 24, 2021

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## Agenda

Introduction and Welcome	Maggie Moore
General Overview of the FOA	Rosemarie Kobau
Application Requirements	Maggie Moore
Budget Narrative	Keisha Thompson
Questions and Answers	All
Closing Reminders	Maggie Moore

## Maggie Moore, Roll Call, Introductions & Welcoming Remarks

Good afternoon. We are glad you joined our informational call today. Please put your phone on mute until we get started.

We'd like to start by taking roll call. We will take roll call of organization names, in alphabetical order. Please state the organization you represent if it has not already been identified by someone else. It is not necessary to identify yourself by name. Let's start with organizations beginning with A (B, C, etc.).

Are there any organizations who have not been identified? If so, please state your affiliation now if we haven't heard from you. Thank you.

Welcome to the informational call to discuss a new funding opportunity, CDC-RFA-DP21-2101, *Improving Epilepsy Education, Systems of Care, and Health Outcomes through National and*

*Community Partnerships*, from CDC's National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health.

If you haven't already, please mute your phones now. Please do not place your phone on hold at any time during the call. If necessary, hang up and call back in so that we can avoid any interruptions to the phone lines. Thank you.

Today's call will cover general information about the NOFO and its purpose, performance measures, evaluation, and expected organizational capacity of applicants for this initiative.

You will be hearing from the following individuals:

- Me, Maggie Moore, Public Health Advisor and Project Officer for this NOFO in the CDC Epilepsy Program;
- Rosemarie Kobau, Acting Team Lead for the CDC Epilepsy Program; and
- Keisha Thompson, Grants Management Specialist within CDC's Office of Grants Services.

We will end today's call with time for questions and answers. If you have questions during the presentations, please write them down so that you can ask them at the end. In the event you have questions after today's call, you may submit them to me by email at [epilepsy@cdc.gov](mailto:epilepsy@cdc.gov). Answers to the questions received today, to future questions, and to those we received prior to this call will be posted and updated as necessary on our web site at [www.cdc.gov/epilepsy](http://www.cdc.gov/epilepsy) so that everyone has access to the same information.

I am now going to turn it over to Rosemarie Kobau who will give a brief overview of the NOFO.

**Rosemarie Kobau, NOFO overview:**

Thank you, Maggie. Welcome again. I will provide a general overview and describe the primary purpose of the NOFO, which is being issued from the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).

This NOFO aims to address four key areas:

1. Improve the social environment for people with epilepsy;
2. Strengthen the health system to improve epilepsy care;
3. Foster connections between clinical services and community programs; and
4. Address social determinants of health (e.g. social isolation, food insecurity, community-clinical linkages) to improve quality of life for people with epilepsy.

It builds upon work completed under a previous NOFO, CDC-RFA-DP16-1602, *Improving Epilepsy Programs, Services, and Outcomes through National Partnerships*. More information about the CDC Epilepsy Program and related work may be found at our website, [www.cdc.gov/epilepsy](http://www.cdc.gov/epilepsy).

This NOFO addresses Healthy People 2030, a national 10-year initiative to help individuals, organizations, and communities across the United States improve health and well-being of the population. This NOFO addresses these overarching goals of Healthy People 2030, in addition to these specific objectives:

- AHS-R01: Increase the ability of primary care and behavioral health professionals to provide more high-quality care to patients who need it.
- AHS-R02: Increase the use of telehealth to improve access to services.
- HC/HIT-04: Increase the proportion of adults who talk to friends or family about their health.
- MHMD-05: Increase the proportion of adults with depression who get treatment.

To learn more about Healthy People 2030, and these and other objectives that may relate to people with epilepsy, please visit the website at <http://healthypeople.gov>.

This NOFO also aligns with other national public health priorities and strategies, including:

- CDC, National Center for Chronic Disease Prevention and Health Promotion's [Four Domains of Chronic Disease Prevention](#), notably in the areas of Environmental Approaches, Health Care Systems Interventions, and Community Programs Linked to Clinical Services;
- HHS' Government Performance and Results Act FY 2018-2022 Strategic Plan, [Goal no. 2](#): Protect the health of Americans where they live, work, and play.

We encourage you to learn more about these national goals at the HHS and CDC websites.

This NOFO has full and open competition. Eligible applicants include governmental and non-governmental organizations. However, applicants should pay special attention to the approach requirements, performance measures, and expected organizational capacity sections of the NOFO to determine their capacity to respond.

The NOFO will fund two components, Component A and Component B. Applicants can only apply for one component. The total number of expected awards is two to four.

**Component A:** One award will be funded under Component A to an organization that will reach a national audience, which is at least 25 states. The recipient is expected to address all the strategies and activities included in the logic model and narrative for Component A. The Component A recipient will be funded up to \$3,500,000 per year.

**Component B:** One to three awards will be funded under Component B for recipients to address up to two of the four strategies included in the logic model and narrative for Component B. Component B recipients will be funded up to \$150,000 per year for addressing one strategy and up to \$300,000 per year for addressing two strategies. Component B organizations must identify the geographic area where program activities will be implemented (e.g. locally in a city or county, state-wide, regionally across state lines, nationally, or another geographic unit). CDC seeks to fund at least one project for each strategy/activity area under Component B, if possible.

To briefly re-state, component A requires the execution of all 6 strategies, whereas component B requires the execution of one or two strategies. Maggie will provide additional details in a moment.

The total period of performance length for both component A and component B applicants will be five years.

The estimated award date for year 1 is September 13, 2021.

Letters of intent are optional, but requested for planning purposes. They are due by email on March 8, 2021. Applications are due through grants.gov on April 12, 2021.

All questions related to this NOFO can be sent by email to Maggie Moore at [epilepsy@cdc.gov](mailto:epilepsy@cdc.gov).

On behalf of CDC's Epilepsy Program, we are looking forward to supporting this important NOFO.

And, now I will turn it back over to Maggie Moore to discuss the specific sections of the NOFO.

## **Maggie Moore:**

Thank you Rosemarie. I will now describe various sections of the NOFO in more detail.

### *A. Approach*

The NOFO includes a logic model that outlines the activities and expected outcomes of this effort.

The logic model is broken down by Components A and B. I'll describe the strategies and activities for each of these briefly.

The organization funded to complete Component A is required to address all of the following six strategies and activities:

1. Support a nationwide consumer epilepsy information and referral system.
2. Conduct public awareness and public education activities related to epilepsy, seizure first aid, SUDEP prevention, and epilepsy stigma.
3. Educate health providers and relevant professionals about epilepsy, seizure first aid, and epilepsy stigma.
4. Expand access to, delivery of, and participation in evidence-based epilepsy self-management programs.
5. Improve epilepsy care and management through health systems interventions.
6. Develop multi-sector partnerships with underutilized community resources to address the social needs of people with epilepsy.

Organizations funded to complete Component B will choose one or 2 of the following strategies and activities:

1. Educate health providers and relevant professionals about epilepsy, seizure first aid, and epilepsy stigma.
2. Expand access to, delivery of, and participation in evidence-based epilepsy self-management programs.
3. Improve epilepsy care and management through health systems interventions.
4. Develop multi-sector partnerships with underutilized community resources to address the social needs of people with epilepsy.

The work conducted under this NOFO is expected to make a contribution to the long-term goals of improving social participation among people with epilepsy, reducing public stigma of epilepsy, reducing social isolation among people with epilepsy, and improving health and

quality of life for people with epilepsy. We recognize that showing progress on the long-term outcomes may not be possible within the 5-year funding cycle. But, the applicant is expected to show annual progress on the short-term and intermediate outcomes depicted in the logic model, during the funding period.

The short-term and intermediate outcomes listed in the logic model are:

- Increased referrals to community-based services, self-management programs, and/or health care providers.
- Increased awareness of epilepsy, seizure first aid, SUDEP prevention, and epilepsy stigma among the general public.
- Increased knowledge about epilepsy, seizure first aid, and epilepsy stigma among relevant professionals.
- Increased knowledge among health care providers regarding effective diagnosis, treatment, and management of epilepsy.
- Increased number of people with epilepsy completing evidence-based epilepsy self-management programs.
- Increased reporting, monitoring, and tracking of epilepsy clinical data by health systems to improve identification, management, and treatment of patients with uncontrolled seizures.

The outcomes that are bolded in the logic model are the ones required during the period of performance. Component B organizations are only expected to work toward outcomes that align with their selected strategies and activities.

## *B. Collaborations*

CDC expects Component A and B recipients to collaborate with other CDC programs in order to expand the availability of proven interventions and tested epilepsy education materials. For example, the recipient may use evidence-based programs and materials from the CDC Prevention Research Centers' Managing Epilepsy Well Network. We also encourage collaborations with other CDC program areas that enhance the dissemination and uptake of programs funded under this cooperative agreement, such as with Healthy Schools, Disability and Health Program, and the Alzheimer's Disease and Healthy Aging Program.

Applicants are also strongly encouraged to work with stakeholders who can help them better address the requirements of the NOFO. This may include working with people with epilepsy and their caregivers, state and local public health agencies, mental health or behavioral health agencies and organizations, state and local aging agencies, national- and

state-based professional organizations, state- and local- based organizations with expertise in or access to specific populations (such as older adults, students, racially and ethnically diverse groups, people in the workforce, etc.), and professional or community-based organizations who serve people with epilepsy.

Applicants are required to have letters of support and/or MOUs/MOAs from partners directly involved in NOFO activities.

#### *C. Target Populations*

The target populations of this NOFO will vary based on the different strategies and activities being addressed. However, applicants are expected to identify priority high-risk groups based on recent scientific literature (e.g., since 2000), local needs assessment data, or other evidence-based criteria. Applicants are also expected to identify one or more corresponding social determinants of health to intervene upon for each target population. Suggested target populations include: people with epilepsy, epilepsy caregivers, health professionals, general public, employers, school nurses and staff, older adult care providers, law enforcement, health care organizations, social service providers, transportation systems, and others.

#### *D. Health Disparities*

People with epilepsy experience more health and social disparities compared to people without the disorder. Applicants should consider the spectrum of people who have epilepsy, and be sure to target those who are at greatest risk for such disparities when targeting their specific programmatic activities.

#### *E. Evaluation and Performance Management*

Applicants must provide an initial evaluation and performance measurement plan in their application that describes how they will show progress in implementing program strategies and activities, and in achieving program outcomes. This measurement plan must be consistent with the CDC evaluation and required performance measures outlined in the NOFO. Applicants can refer to the [CDC Approach to Evaluation website](#) for guidance on public health evaluation methods. During the first six months of the project period, CDC and the awardee will finalize the Evaluation and Performance Plan together. CDC has outlined required performance measures for each Component, and provided examples of process measures that recipients might consider when formulating their evaluation plan.

#### *F. Organizational Capacity:*

My next comments focus on the expectations related to organizational capacity of applicants. It is critical that you review and respond to all of the requested information in the NOFO. Organizational capacity ensures that applicants demonstrate their ability to successfully execute the NOFO strategies and meet project outcomes. Applicants should have adequate infrastructure.

All Component A and Component B applicants must:

- Demonstrate their ability to establish and maintain successful working relationships with relevant stakeholders (for example, people with epilepsy, health care providers, health care systems, community organizations, professional organizations, etc.) to inform and implement programmatic activities by describing successful past partnerships and the outcomes of these relationships.
- Demonstrate their ability to work with the public health workforce at national, state, and/or local levels by describing successful past experiences with public health projects and partners.
- Have (or have access to) expertise in public health program evaluation, including use of program data for program quality improvement, as demonstrated by the inclusion of an on-staff evaluator or contract with an external evaluator that has experience in public health evaluations.
- Demonstrate their ability to effectively gather, analyze, interpret, and use evidence-based or evidence-informed strategies where such information exists and is relevant to activities, by describing previous successful experience in this area.
- Demonstrate their ability to manage programs and resources ensuring the administrative, financial, and staff support necessary to sustain activities, distribute funding to subcontractors/sub-recipients in a timely manner, and hire or contract with qualified personnel.
- Describe their experience supporting public health programs in epilepsy and briefly document their history of serving or working with the relevant target populations identified in this NOFO. This includes documenting any outcomes or benefits that were demonstrated as a result of this work.
- Describe an adequate Staffing Plan, providing CVs/Resumes for proposed NOFO-funded personnel, an Organizational Chart, and project management structure that clearly defines staff roles and a reporting structure.



In addition to these requirements, Component A applicants should also document their experience serving the needs of people with epilepsy through a national network. Component A applicants should be able to demonstrate they can effectively disseminate strategies to at least 25 states in order for the proposed program to have nationwide impact.

#### G. Work Plan

Applicants must provide a detailed work plan that covers Year 1 of the period of performance, and a high level plan in narrative form for Years 2-5. Objectives should be written in SMART format (Specific, Measurable, Achievable, Realistic, and Time-phased). A template is provided in the NOFO as an example of how a work plan might be created.

#### H. CDC Monitoring and Support

In a cooperative agreement such as this, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring, tracking progress, monthly calls, and site visits. CDC will also provide regular technical assistance and share information with recipients, as well as compiling and disseminating accomplishments.

I will now turn it over to our Grants Management Specialist, Keisha Thompson, to talk about the cooperative agreement and the budget.

#### **Keisha Thompson, Grants Management Specialist, Budget Narrative:**

Thank you. The Budget Period or Budget Year refers to the duration of each individual funding period within the five-year project period. Budget periods are 12 months long with this NOFO.

CDC anticipates funding one award for Component A, up to \$3,500,000. CDC anticipates funding two to four awards for Component B. Recipients will receive up to \$150,000 for addressing one strategy, and up to \$300,000 for addressing two strategies. This includes direct and indirect costs, and is subject to the availability of funds.

The award ceiling is \$4,400,000 per budget period. However, applicants are encouraged to carefully consider the language in the “Funding Strategy” and the “Approximate Average Award” sections of the NOFO. Throughout the period of performance, CDC will continue to

award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (period of performance) will be shown in the “Notice of Award” document.

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategies outlined in the projective narrative. The budget must include: salaries, fringe benefits, consultant costs, equipment, supplies, travel, other categories, contractual costs, total direct costs, and total indirect costs.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: <https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf>.

Please remember that an organization must obtain three registrations before it can submit an application for funding at [www.grants.gov](http://www.grants.gov).

**The first is the Data Universal Numbering System, or DUNS:** All applicant organizations must obtain a DUNS number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 or Internet at <http://fedgov.dnb.com/webform>.

The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

**The second is the System for Award Management, or SAM:** The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires 10 or more business day and registration must be renewed annually. Additional information about registration procedures may be found at [www.SAM.gov](http://www.SAM.gov).

**The last is Grants.gov:** Once you have a DUNS number and an active SAM account, you are ready to register your organization at [www.grants.gov](http://www.grants.gov), the official HHS E-grant website. The first step in submitting an application online is having access to Grants.gov. Registration information is located at the “Get Registered” option at [www.grants.gov](http://www.grants.gov). All applicant organizations must register at [www.grants.gov](http://www.grants.gov). The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

The websites I mentioned can be found on pages 21-22 of the NOFO. You will want to register soon to ensure you have everything in place to submit an application by the April 12, 2021 deadline. If the application is not submitted by the deadline published in the NOFO, it will not be processed

Unsuccessful applicants will receive notification by email. Successful applicants will receive a notice of award by September 13, 2021, the anticipated project start date.

In summary:

1. We anticipate funding one Component A recipient up to \$3,500,000. We anticipate funding two to four Component B organizations. Recipients will receive up to \$150,000 for addressing one strategy, and up to \$300,000 for addressing two strategies.
2. The award ceiling is \$4,400,000 per budget period;
3. Applications are due April 12<sup>th</sup> and should be submitted through [grants.gov](http://grants.gov); and
4. If you have questions, email Maggie Moore at [epilepsy@cdc.gov](mailto:epilepsy@cdc.gov).

I’ll turn it back over to Maggie Moore to answer your questions.

### **Maggie Moore, Questions and Answers:**

Now, we would like to open it up to questions that you have. Before we open the line for questions, please be sure that your phones are on mute unless you are asking a question. To unmute your line, please press \*6. Also, I’d like to remind you to not place your phone on hold during the call. If necessary, hang up and call back in so that we can avoid any interruptions to the phone lines.

We do not have a moderated line, so please state your name and organizational affiliation if you have a question. I will then invite you by name to ask your question to avoid having

multiple people talking at the same time. Questions and answers from this call will be posted publicly on our website at [www.cdc.gov/epilepsy](http://www.cdc.gov/epilepsy).

If you have questions after this call, please e-mail them to me at [epilepsy@cdc.gov](mailto:epilepsy@cdc.gov). We will post answers to your questions at [www.cdc.gov/epilepsy](http://www.cdc.gov/epilepsy) so please check back frequently for updates.

**--- see associated FAQ document ---**